



# City of Chicopee, Massachusetts

## Building Department

**Joseph C. Viamari**  
Building Commissioner

**Carissa M. Lisee**  
Assistant Building  
Commissioner

City Hall Annex - 274 Front Street - Chicopee, MA 01013

Tel: (413) 594-1440 Fax: (413) 594-1446

[www.chicopeema.gov](http://www.chicopeema.gov)

### **APPLICATION FOR ACCESSORY PERMIT PELLET/WOOD STOVES**

**Attached are the forms required for a Pellet or Wood Stove. Please fill out the attached forms and submit them to the Building Department with the appropriate fee in the form of a check or money order made payable to the City of Chicopee.**

**Please list the model and serial number of the stove on the permit application, along with the UL listing of the stove. Also, a current copy of the installers Massachusetts Construction Supervisors License and Home Improvement Registration must accompany the application, along with the Contractors Certificate of Liability and Workman's Comp Affidavit.**

**For any other questions, please feel free to contact this department at (413) 594-1440.**



CITY OF CHICOPEE, MASSACHUSETTS

BUILDING DEPARTMENT  
ACCESSORY PERMIT APPLICATION  
Building Permit Application to Repair, Renovate or demolish a structure

Munis No. \_\_\_\_\_  
Permit No. \_\_\_\_\_  
Permit Fee: \_\_\_\_\_

IMPORTANT – Complete ALL items where applicable

SECTION 1: PROPERTY ADDRESS

Address: \_\_\_\_\_ Lot No.: \_\_\_\_\_  
Zone: \_\_\_\_\_ Assessor Map/Parcel No.: \_\_\_\_\_

SECTION 2: SITE INFORMATION AND COST OF IMPROVEMENTS

2.1. LOCATION OF BLDG. ON LOT –  
DISTANCE OF BLDG FROM

Street line \_\_\_\_\_ ft  
Right lot line \_\_\_\_\_ ft

Left lot line \_\_\_\_\_ ft  
Rear lot line \_\_\_\_\_ ft

Is this a corner lot? ☐ Yes ☐ No

If answer is Yes – Distance of Bldg. from  
side street line: \_\_\_\_\_ ft

2.2. TYPE OF SEWAGE DISPOSAL

- ☐ Individual (septic tank, etc.)  
☐ Public or private company

2.3. TYPE OF WATER SUPPLY

- ☐ Individual (well, cistern)  
☐ Public or private company

2.4. COST

Cost of Improvement \$ \_\_\_\_\_  
To be installed but not included in the  
above cost  
Electrical \$ \_\_\_\_\_  
  
Plumbing \$ \_\_\_\_\_  
  
Heating, A.C. \$ \_\_\_\_\_  
  
Other \$ \_\_\_\_\_  
  
Total Cost \$ \_\_\_\_\_

2.5. DIMENSIONS

Number of stories \_\_\_\_\_  
  
Size of building – front \_\_\_\_\_  
rear \_\_\_\_\_  
deep \_\_\_\_\_  
Total square feet of floor area, all floors  
based on exterior dimensions \_\_\_\_\_  
  
Total square foot of garage area \_\_\_\_\_  
  
Size of lot - front \_\_\_\_\_  
depth \_\_\_\_\_  
  
Total land area, square feet \_\_\_\_\_

SECTION 3: DESCRIPTION OF PROPOSED WORK

☐ Owner Occupied No. Of Units: \_\_\_\_\_ Code Edition: \_\_\_\_\_ Building Use Group: \_\_\_\_\_

Brief Description of Proposed Work:

SECTION 4: PROPERTY OWNERSHIP

4.1. Owner's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

SECTION 5: CONSTRUCTION SERVICES

5.1. Construction Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Signature of Contractor: \_\_\_\_\_  
CSL Number: \_\_\_\_\_ List CSL Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

TYPE	DESCRIPTION
U	Unrestricted (up to 35,000 cu.ft.)
R	Restricted 1 & 2 Family Dwelling
IA	Masonry Only
RF	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
DM	Demolition Only
IC	Insulation

5.2 Registered Home Improvement Contractor (HIC)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Registration Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

SECTION 6: ARCHITECTURAL SERVICES

6.1. Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

SECTION 7: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L.c. 152. § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit attached? ☐ Yes ☐ No

SECTION 8: OWNER DECLARATION

As Owner, I hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf,

Signature of Owner \_\_\_\_\_ Application Date \_\_\_\_\_

NOTES

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L.c.142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR.  
2. Demolition permits require Gas Slip from Gas Co., Electric Light slip from CEL, Rodent Control slip from Health Dept., and Water slip from Water Dept

DO NOT WRITE ON LINES BELOW

STREET  
LOCATION: \_\_\_\_\_

ZONE: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

APPLICATION  
FOR  
ACCESSORY PERMIT

OWNER: \_\_\_\_\_

- ADDITION
- ☐
- GARAGE
- ☐
- NEW SWIMMING POOL
- ☐
- ALTERATION
- ☐
- OTHER STRUCTURE
- ☐
- WRECKING
- ☐
- REPAIR-REPLACEMENT
- ☐
- CERTIFICATE OF OCCUPANCY
- ☐

PERMIT GRANTED

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
Building Commissioner

DATE FILED: \_\_\_\_\_

DO NOT WRITE ON LINES ABOVE



*The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111  
www.mass.gov/dia*

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

**Name** (Business/Organization/Individual) : \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- |  |  |
|--|--|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).*  | 4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡   |
| 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required] | 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption perm MGL c. 152, § 1(4), and we have no employees. [no workers' comp. insurance required.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself [No workers' comp. insurance required] †  |  |

**Type of project (required):**

6. ☐ New construction  
7. ☐ Remodeling  
8. ☐ Demolition  
9. ☐ Building addition  
10. ☐ Electrical repairs or additions  
11. ☐ Plumbing repairs or additions  
12. ☐ Roof repairs  
13. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

†Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration (date)).**

Failure to secure coverage as required under Section 25a of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one year imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$250.00 a day against violator. Be advised that a copy of this statement maybe forwarded to the Office of Investigations of the DIA for coverage verification.

***I do herby certify under the pains and penalties of perjury that the information provided above is true and correct.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

***Official use only Do not write in this area to be completed by city or town official***

**City or Town:** \_\_\_\_\_ **Permit/license #:** \_\_\_\_\_

**Issuing Authority (circle one):**

1. Board of Health    2. Building Department    3. City/Town Clerk    4. Electrical Inspector    5. Plumbing Inspector  
6. Other \_\_\_\_\_

**Contact person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the forgoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees, However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer".

MGL chapter 152 section §25(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152 section §25(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the Members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the "law" or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Towns Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

**The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111**

**phone #: (617) 727-4900 ext. 406 or 1-877-MASSAFE**

**fax#: (617) 727-7749**

**www.mass.gov/dia**

**CITY OF CHICOPEE  
BUILDING INSPECTION DEPARTMENT  
HOMEOWNER LICENSE EXEMPTION**

**PLEASE PRINT**

**DATE:** \_\_\_\_\_

**JOB LOCATION:** \_\_\_\_\_  
Number Street Address

**“HOMEOWNER”:** \_\_\_\_\_

**PRESENT MAILING ADDRESS:** \_\_\_\_\_  
Number Street Address

\_\_\_\_\_  
City/Town State Zip Code

The current exemption for “homeowners” was extended to include **owner occupied dwellings** of two units or less and to allow such homeowners to engage an individual for hire who does not possess a license, **provided that the owner acts as supervisor.** (State Building Code Section 110.R5)

**DEFINITION OF HOMEOWNER:**

Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or intended to be, a *one or two family dwelling*, attached or detached accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such “homeowner” shall submit to the Building Official, on a form acceptable to the Building Official, that **he/she shall be responsible for all such work performed under the building permit.** (Section 110.R5.1.2)

The undersigned “homeowner” assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned “homeowner” certifies that he/she understands the City of Chicopee Building Inspection Department minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

**HOMEOWNER’S SIGNATURE:** \_\_\_\_\_

**APPROVAL OF BUILDING OFFICIAL:** \_\_\_\_\_

**NOTE:** Three family dwellings 35,000 cubic feet or larger will be required to comply with State Building Code Section 107.6 – **Construction Control.**